

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90591 017 ****50.00

DOCUMENT # L03000035455					
1. Entity Name MINE BROOK REALTY HOLDINGS, L.L.C.					
Principal Place of Business C/O RICHARD J. ALAN CAHAN, ESQ. 5201 BLUE LAGOON DRIVE, SUITE 100 MIAMI, FL 33126			Mailing Address C/O RICHARD J. ALAN CAHAN, ESQ. 5201 BLUE LAGOON DRIVE, SUITE 100 MIAMI, FL 33126		
2. Principal Place of Business 121 Alhambra Plaza Suite Apt. #, etc. 10th Floor		3. Mailing Address 121 Alhambra Plaza Suite Apt. #, etc. 10th Floor			
City & State Coral Gables, FL		City & State Coral Gables, FL		4. FEI Number 20-0254989	
Zip 33134		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CAHAN, RICHARD J.A. ESQ. C/O BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DRIVE, SUITE 100 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 121 Alhambra Plaza 10th Floor City Coral Gables FL Zip Code 33134		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLD, JANICE 8652 S.W. 42ND PLACE GAINESVILLE, FL 32608		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				Date <u>2/7/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					